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TECHNOLOGY CENTER R3700

Attorney's Docket No.: 042390.P11384D

Patent

In re the Application of: Miguel N. Bermudez

(inventor(s))

Application No.: 10/016,508

Filed: December 10, 2001

For: CAUTION ESD LABEL WITH DOUBLE MAC ADDRESS NUMBER LABEL ATTACHMENT

(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is an Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 13	Minus	** 26		0	X9	\$	X18	\$ 0.00
Indep. Claims	* 2	Minus	*** 3		0	X42	\$	X84	\$ 0.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claim(s)						+140	\$	+280	\$
						Total Add. Fee	\$	Total Add. Fee	\$ 0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

on March 18, 2003
Date of DepositDominique Valentino
Name of Person Mailing Correspondence
Signature3-18-03
Date

_____ A check in the amount of \$_____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$_____ is attached for processing fees under 37 C.F.R. § 1.17.

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X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

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BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 3-18-03

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